| CLAIMS ONLY | | | | | | | Application Number 10767449 | | | Filing Date | | |

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend			Indep	Depend	Indep	Depend	Indep	Depend
1								51						
2								52						
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44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
Total Indep			3					Total Indep						
Total Depend			7					Total Depend						
Total Claims			10					Total Claims						